

# Declaration and Power of Attorney For Patent Application

## Declaration Pour Demandes de Brevets Avec Pouvoirs

### French Language Declaration

En tant qu'inventeur nommé ci-après, Je déclare par le présent acte que:

Mon nom, mon domicile, mon adresse postale, ma nationalité sont ceux qui figurent ci-après,

Je déclare que je crois être l'inventeur original, premier et unique (si un seul nom figure sur le présent acte) ou un des co-inventeurs, originaux et premiers (si plusieurs noms figurent sur le présent acte) du sujet revendiqué et pour lequel un brevet est demandé sur la base de l'invention intitulée:

\_\_\_\_\_

\_\_\_\_\_

dont la description  
(cocher la case correspondante)

☐ est annexée au présent acte.

☐ a été déposée \_\_\_\_\_

Numéro de série de la demande \_\_\_\_\_

et modifiée le \_\_\_\_\_  
(si approprié)

Je déclare par le présent acte avoir examiné et compris le contenu de la description identifiée ci-dessus, revendications y compris, et le cas échéant telle que modifiée par l'amendement cité plus haut.

Je reconnais le devoir de divulguer l'information qui est en rapport avec l'examen de cette demande selon Titre 37 du Code des Règlements Fédéraux §1.56(a).

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

ABSORBABLE COMPOSITION CONTAINING

PROPIONIC BACTERIA CAPABLE OF RELEASING

NITRIC OXIDE IN THE HUMAN OR ANIMAL  
ALIMENTARY CANAL

the specification of which

(check one)

☐ is attached hereto.

☒ was filed on June 21, 1999 as

Application Serial No. 09/331,554

and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

# French Language Declaration

Je revendique par le présent acte le bénéfice de priorité étrangère selon Titre 35, du Code des Etats-Unis, §119 de toute demande de brevet ou d'attestation d'inventeur énumérée ci-après, et j'ai identifié également ci-après toute demande étrangère de brevet ou d'attestation d'inventeur ayant une date de dépôt antérieure à celle de la demande pour laquelle la priorité est revendiquée.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior foreign applications

Priority claimed

Demande(s) de brevet antérieure(s) dans un autre pays:

Droit de priorité revendiqué

96/15977 France 24 December 1996  
(Number) (Country) (Day/Month/Year Filed)  
(Numéro) (Pays) (Jour/Mois/Année de dépôt)

☒ ☐  
Yes No  
Oui Non

97/00885 France 28 January 1997  
(Number) (Country) (Day/Month/Year Filed)  
(Numéro) (Pays) (Jour/Mois/Année de dépôt)

☒ ☐  
Yes No  
Oui Non

PCT/FR97/02399 PCT 23 December 1997  
(Number) (Country) (Day/Month/Year Filed)  
(Numéro) (Pays) (Jour/Mois/Année de dépôt)

☒ ☐  
Yes No  
Oui Non

Je revendique par le présent acte, le bénéfice selon Titre 35 du Code des Etats-Unis, §120 de toute(s) demande(s) américaines énumérée(s) ci-après et, dans la mesure où le sujet de chacune des revendications de cette demande n'est pas divulgué dans la demande américaine antérieure, de la façon définie par le premier paragraphe de Titre 35 du Code des Etats-Unis, §112, je reconnais le devoir de divulguer l'information pertinente selon Titre 37 du Code des Règlements Fédéraux, §1.56(a), toute information qui se présente entre la date de dépôt de la demande antérieure et la date de dépôt de la demande, soit nationale, soit internationale PCT.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)  
(No. de Demande)

(Filing Date)  
(Date de Dépôt)

(Etat)  
(brevetée, pendante,  
abandonnée)

(Status)  
(patented, pending,  
abandoned)

(Application Serial No.)  
(No. de Demande)

(Filing Date)  
(Date de Dépôt)

(Etat)  
(brevetée, pendante,  
abandonnée)

(Status)  
(patented, pending,  
abandoned)

Je déclare par le présent acte que toutes mes déclarations, à ma connaissance, sont vraies et que toutes les déclarations faites à partir de renseignements ou de suppositions, sont tenues pour être vraies; de plus, toutes ces déclarations ont été faites en sachant que de fausses déclarations volontaires ou autres actes de même nature sont sanctionnées par une amende ou un emprisonnement, ou les deux, selon la Section 1001, du Titre 18 de Code des Etats-Unis et que de telles déclarations délibérément fausses peuvent compromettre la validité de la demande ou du brevet délivré.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

# French Language Declaration

POUVOIR: En tant qu'inventeur, je désigne l'(les) avocat(s) et/ou l'(les) agent(s) suivant(s) pour poursuivre la procédure de cette demande et traiter toute affaire la concernant supris du Bureau des Brevets et de Marques:

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

John F. Hoffman, Regis. No. ~~26,280~~; Anthony Niewyk, Regis. No. ~~24,871~~; Kevin R. Erdman, Regis. No. ~~33,687~~; Brian C. Pauls, Regis. No. ~~40,122~~; Michael D. Smith, Regis. No. ~~40,181~~; Kevin T. Duncan, Regis. No. ~~41,495~~; Arthur R. Whale, Regis. No. ~~18,778~~; Lawrence A. Steward, Regis. No. ~~32,309~~; Edward J. Prein, Regis. No. ~~37,212~~; James D. Hall, Regis. No. ~~24,893~~ and Ken C. Decker, Regis. No. ~~25,422~~; of BAKER & DANIELS

Adresser toute correspondance à:

Send Correspondence to:

Anthony Niewyk, BAKER & DANIELS  
111 East Wayne Street, Suite 800  
Fort Wayne, IN 46802  
TX: (219) 424-8000  
FAX: (219) 460-1700

Adresser toute communication téléphonique à:  
(Nom) (Numéro de téléphone)

Direct Telephone Calls to: (name and telephone number)

Anthony Niewyk  
TX: (219) 424-8000

Nom complet du seul ou premier inventeur	Full name of sole or first inventor
Signature de l'inventeur	Inventor's signature
Date	Date
Domicile	Residence
Nationalité	Citizenship
Adresse Postale	Post Office Address
Nom complet du second co-inventeur, le cas echeant	Full name of second joint inventor, if any
Signature de l'inventeur	Second Inventor's signature
Date	Date
Domicile	Residence
Nationalité	Citizenship
Adresse Postale	Post Office Address

(Fournir les mêmes renseignements et la signature de tout co-inventeur supplémentaire.)

(Supply similar information and signature for third and subsequent joint inventors.)

APPLICANT OR PATENTEE: Edmond D. Roussel Attorney's Docket No.: HER0033

SERIAL NO. OR PATENT NO. 09/331,554

FILED OR ISSUED: \_\_\_\_\_

TITLE: ABSORBABLE COMPOSITION CONTAINING PROPIONIC BACTERIA CAPABLE OF RELEASING NITRIC OXIDE IN THE HUMAN OR ANIMAL ALIMENTARY CANAL

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
((37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am:

☐ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: \_\_\_\_\_

ADDRESS OF CONCERN: \_\_\_\_\_

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled:

ABSORBABLE COMPOSITION CONTAINING PROPIONIC BACTERIA CAPABLE OF RELEASING NITRIC AXIDE IN THE HUMAN OR ANIMAL  
by inventor(s) Edmond Daniel Roussel et al. ALIMENTARY CANAL

described in:

☐ the specification filed herewith.

☒ Application Serial No. 09/331,554, filed June 21, 1999.

☐ Patent No. \_\_\_\_\_, issued \_\_\_\_\_.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by an concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NON PROFIT ORGANIZATION

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NON PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Charles LEGRAND *Charles G. Legrand*

TITLE OF PERSON OTHER THAN OWNER: Director

ADDRESS OF PERSON SIGNING: Les Ombrages N° 3, 14 Avenue de Creully  
14000 Caen France

SIGNATURE: \_\_\_\_\_

DATE: July 20, 1999

*CH. G. LEGRAND*  
CH. G. LEGRAND

Marc LEGRAND  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

F-35000 Rennes, France